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The Challenge of Radicalisation: a public health approach to understanding and intervention

Abstract

Radicalisation is the term proposed to explain how an apparently ordinary person can be transformed from a law-abiding citizen into a supporter of violent protest. It refers to a process of belief modification and requires a progression from feeling sympathy towards violence for a political goal to direct involvement in such activities. This paper explores the reasons why individuals are drawn to extreme movements and how approaches devised for public health can be applied to prevention. We argue for interventions at an early stage when ideas are beginning to take root in people vulnerable to the recruiter's message, and identify both protective and risk factors.

Introduction

Since 9/11 the focus on terrorism and its prevention is central to government initiatives around the world, whether high- or low-income countries, or whether dominated by radical religious belief systems or practices, or secular right-wing movements (Frank, 2005) (Felton, 2004). Terrorism undermines societies and institutions by killing civilians and diverting resources, especially in low-income countries, from other important humanitarian, health and welfare programmes (Goldman, 2002)((Bhui, Hicks, Lashley, & Jones, 2012). Whilst governments have introduced measures designed to address radicalisation (in the UK Contest includes a Prevent programme, whilst Channel is designed to counter beliefs and actions likely to lead to violent protest), there remains less emphasis on understanding the roots of disaffection and grievances with democratic processes than with the detection of terrorists and terrorist organisations (HMGovernment, 2011). This paper explores a range of ideas proposed to explain the power of radical philosophies and why they are so appealing to groups of young people to the extent that many are willing to sacrifice their lives.

An evolving context

War and conflict have focused attention on psychological trauma. The reified concept of post-traumatic stress has helped to justify access to health care for asylum seekers and refugees, civilians exposed to war but trapped in conflict zones, veterans returning from combat, and those that are victims of physical assault, crime, rape, or violent attack, or natural disasters (Jacobs, Burns, & Gross, 2003). Terrorism is now added to this list of trauma, both for its direct effects on

those at the heart of a bombing or determined attack, and for its indirect effects through the fear invoked in family and friends of victims, citizens and witnesses, including children and young people for whom terrorism is mentioned daily in the news channels (Rousseau & Measham, 2004). Yet terrorism is not only an individual experience but also a group one, designed to undermine core democratic and pluralistic values and replace them with 'higher' causes that do not always seek rational earthly solutions or goals that political compromise might deliver (Atran, 2003). Many recent terrorist attacks are directed towards events and activities where people express freedoms: a gay nightclub in Orlando, a Jewish supermarket in Paris, or the Copenhagen shootings at a public afternoon event called 'Art, Blasphemy and Freedom of Expression' and the killing of a Jewish security guard outside the city's Great Synagogue in February 2015 (Anderson, 2016). Although individual people are targets, the goal of most terrorists are politically or culturally recognisable groups, including governments (Alderdice, 2009; Gostin, 2002).

Yet, what do we know about the causes of terrorism in order to prevent it? Generally, it is thought that there are socially-strained contexts in which terrorism emerges as a possible option for those feeling disempowered (Leiken, 2016), but this still does not fully explain the chosen methods and their extreme and violent nature. The chosen method may reflect a politically isolated minority (usually) to wage (an unequal) war with those in power to change the political decisions of those in power and to disrupt ordinary processes of government and governance. Instilling fear in citizens is part of that process (Leistedt, 2016; McGilloway, Ghosh, & Bhui, 2015). This inequality in power, ostensibly a weaker authority attacking a larger more

powerful one, is given prominence in the narratives of terrorists to justify the atrocities, killings, and the persistent disruption to society (O'Shaughnessy & Baines, 2009). Yet at the same time, recent claims from IS (Islamic State) and al-Qaeda is that they are larger authorities themselves, seeking to subvert a whole political and religious system and to exchange it for their own; the active and rapid pace of communications, the levels of resources, and use of persuasive device (technological, digital and dramatic) are alarming and distinct from previous terrorist groups (Bhui & Ibrahim, 2013) (Neumann, 2016).

Justifications for such acts include religious ideology, even if this falls well outside an orthodox interpretation of faith, political discrimination and powerlessness such that the subjects' only option is action that includes violence (Atran, 2003; Baines et al., 2010). However, many people feel aggrieved but choose democratic and non-violent political protest; and even where protest becomes violent, for example, riots in North London by black youth, order was quickly restored whilst lessons are learnt. Yet, terrorism persists and the so-called 'fifth wave' under the auspices of extreme Muslim groups, such as al-Qaeda and the Islamic State, have assumed a brutal and repressive character, using technologically advanced communications and persuasive technologies to recruit and persuade. These narratives seek to frame terrorist actions in a context of righteousness and the protection of the broader Muslim faith, appealing to individuals, often young and impressionable, looking for a purpose and meaning in their lives, a political search for belonging rather than a social or health malady (McGarry, 2016).

Mental illness and terrorism

Mental illness is a global problem, even in high income countries, and yet only between a quarter and a third of those with a common psychological disorder receive any form of treatment; the poor provision of services is more marked for those with psychosis, but in lower income countries the indices are far worse, with very little spent on mental health of citizens. Terrorism is known to inflict experiences of loss and trauma, and so is often, like conflict and war in general, associated with depression, anxiety, post-traumatic stress, or abnormally long and complex experiences of grief. However, mental health experts have recently turned their attention to prevention of terrorism by trying to understand the motivations and sentiments of those recruited to undertake violent acts against innocent civilians. Historically, terrorism has been broadly recognised as a political act with little relationship to mental illness other than causing mass group and individual distress. However, the recent phenomena of citizens of Western democracies taking up terrorist causes in the countries in which they were educated, or seeking out terrorist networks in Syria or Iraq or Afghanistan, have raised questions about who is susceptible to recruitment narratives. So understanding psychological processes by which individuals align with extremist thinking and are motivated to act violently is a key issue for modern democracies. Another growing concern is that some people who already appear to suffer emotional distress or frank mental illness may be particularly at risk from terrorist propaganda. More specifically, lone actors, those not belonging to any terror networks in a command and control manner, but who nonetheless appear to act on behalf of a terrorist cause, are thought to be more likely to suffer from mental illness (Corner & Gill, 2015).

Our work has sought to understand prevention through the very early phases of radicalisation, following the analysis of New York 9/11 perpetrators (Silber & Bhatt, 2007). That is, how might we stop people early in the trajectory of becoming involved in violent acts of terrorism, long before they have even considered violence as an action? This is not popular work nor always well received as some believe that this approach inadvertently mitigates the gravity of terrorist offences by explaining them in terms of understandable psychological processes and even mental illness that might then attract a legal defence. Others argued that we risked stigmatizing those with psychological disorders, already perceived in the public imagination as dangerous, such that people with mental illnesses would worry about receiving treatment and their close companions would fear them more. Other objections to such work include the notion that terrorism is fundamentally a political issue relating to security and should be addressed through domestic and international policy by counter-terrorism agencies.

The existing government strategy, strong and successful as it is on preventing incidents by high-risk individuals linked to specific groups, does not consider prevention at the earliest phases. In September 2016, the Royal College of Psychiatrists' position statement emphasised that the evidence upon which public bodies are asked to change practice to protect individuals at risk of being drawn into terrorism is limited (http://www.rcpsych.ac.uk/pdf/PS04_16.pdf). The statement also observed that safeguarding is already taking place in the context of good psychiatric practice, and that managing risk is already a well-established part of

mental health care. Furthermore, in the context of terrorism risk, prediction tools are doomed to fail given the rarity of the terrorist events. In anticipation of this evidential context from 2008 onwards, Bhui, Jones, and others began to explore public health approaches to radicalisation, the process proposed to explain the engagement of ordinary young people in terrorist causes. Does radicalisation exist? Is it measurable? Our research efforts aimed to explore this, but in close collaboration with communities who were already complaining that government strategy excluded them and perhaps even diminished their role as suspect communities.

Public Health

Whilst acts of terrorism remain mercifully rare, they are dwarfed by public health problems such as TB, infectious diseases, accidents and death from road accidents or due to cancer, obesity or heart disease. Although there has been a dramatic increase in the last six months in the numbers of people killed by terrorist attacks in the UK, which have rightly caused widespread alarm and concern, since 7/7 there have been only been, at the time of writing, 39 deaths as a result of terrorism within the UK: Mohammed Saleem, a 82-year old Muslim stabbed by Pavlo Lapshyn, a 25-year old Ukrainian student in April 2013, Private Lee Rigby stabbed in May 2013 by Michael Adebolajo and Michael Adebowale near the Royal Artillery Barracks in Woolwich, Jo Cox killed by Thomas Mair in June 2016, the five who died on Westminster Bridge in March 2017, 22 killed by a suicide bomber in Manchester, eight killed in the London Bridge in attack, and one person in an attack at a mosque in Finsbury Park in June

2017. The rarity of terrorist acts makes it very difficult for any science of risk prediction or prevention to be certain about preventive capability. However, we also know that terrorists are technologically advanced and adaptive, so that whatever preventive efforts are introduced, they are rapidly superseded by events.

Despite the rarity of attacks in the UK, terrorism continues to attract much government attention and finance justified on the grounds that it symbolically attacks the heart of a society's cultural values, governance processes and structures of law and order that allow people to ' go about their lives freely with confidence' (HMGovernment, 2011)

A Public Health Approach

Public health approaches involve close connections with the community, actions at a population level and not only through health agencies, but through universal interventions that aim to reduce risk factors and promote protective factors in the entire population. The purpose is to shift the distribution of risk factors in a population to reduce the number of people who are reaching the threshold for having significant risks and developing illness. This approach has been applied to violence prevention in general (Mikton, Butchart, Dahlberg, & Krug, 2016), and to behaviours such as suicide, violence, drug taking, crime and now also to radicalisation and terrorism (Bhui et al., 2012).

A good and relevant example is public health approaches to violence and conflict which seek to enact prevention at the earliest opportunity (Sidel & Levy, 2003).

These initiatives have been applied to violence prevention in general, to teenage pregnancy, gun and violent crime, as well as smoking and other societal ills that, if unaddressed, consume significant healthcare resources (Henry, Farrell, & Multisite Violence Prevention, 2004; Massetti, Holland, & Gorman-Smith, 2016; Mikhail & Nemeth, 2016; Mikton et al., 2016). Suicide is a rare event. Yet identifying and reducing risk factors associated with suicide in the general population such as self-harming behaviours, alcohol and drug misuse, depression, access to means (firearms, coal gas) etc., can plausibly reduce rates. The purpose of a population-level intervention is to reduce the population prevalence of a risk factor profile of any early indicator, so reducing the likelihood of meeting the trigger points for adverse outcomes. However, to reduce the incidence of radicalisation and violent protest, we need to better understand the social and psychological conditions that lie on the pathway. Therein lies the dilemma; we do not know enough about the pathways and these are likely to be multi-layered and multi-faceted, appealing to different groups of vulnerable or susceptible individuals.

To investigate what radicalisation might look like, as part of a large research programme, we worked with local communities to better understand the meaning of radicalisation and how to measure it. This culminated in a survey of over 600 Pakistani and Bangladeshi men and women living in the community. The methodology, and detailed analyses are already published and accessible.(K. Bhui, Everitt, & Jones, 2014; Ghosh et al., 2013). Although extremism is not limited to South Asian or Muslim heritage populations, these were the groups that were under scrutiny and about whom many of the debates about radicalisation related. Thus,

we collected views from community groups to construct a set of questions which were later piloted, tested, and refined and included in a survey of Bangladeshi and Pakistani men and women. We discovered that people were willing to answer the questions, that there were no incidents during our survey and that such work was possible. The research enabled us to develop a measure of sympathies for radicalisation, and consider the relevance of a number of variables that showed correlations with our measure.

- Relevant
    - Relative social isolation
    - Moderate to high social capital
    - Youth
    - Non-migrant status, that is born in UK

- Not relevant
    - Poverty
    - Discrimination
    - Total life events
    - Depressive symptoms measures on a continuous scale using PHQ-9
    - Anxiety measures on GAD-7
    - Religiosity

These findings challenged the prevailing view that feeling oppressed, marginalised or being of low income were essential drivers of grievances that then led to anger and

radicalisation. Of course, although we attempted to recruit a population sample, the study is limited to inferences about our specific samples. It is possible that of those who progress towards more active involvement, there are additional factors that we have not been able to investigate. Taking a public health perspective also meant that we should consider those who were not so emphatic about condemning terrorist acts, and thus might be open to persuasion. We viewed the spectrum of sympathy to condemnation as a continuum, rather than being solely concerned with those actively professing sympathies for violent causes including terrorism. In this manner, we found depressive symptoms, and scores above 5 on the PHQ-9 were relevant and related to greater sympathy rather than condemnation of such acts. This led us to investigate what depressive symptoms might mean and their role (Bhui, Everitt, et al., 2014; K. Bhui, Warfa, & Jones, 2014). To what extent was this hopelessness or pessimism, leading to a search for meaning and purpose, or was depression related to personality and not something that might come to the attention of psychotherapists. We are undertaking further research into which types of depressive symptoms are relevant, and comparing white British with Pakistani men and women to explore common factors relating to extremism. A recent analysis of this data shows that depressive symptoms increase sympathies for violent protest and terrorist a little, but surprisingly life events, especially bereavement and giving money to a charity, and to a less significant extent, political participation, are negatively correlated with sympathies; our interpretation is that social connectedness, even if expressed through loss, is protective (Bhui, Silva, Topciu, & Jones, 2016).

Thus relationships and the ability to tackle pessimistic thinking seem important in strategies designed to address radicalisation, but so does being part of a community and giving to that community. Focusing on attitudes or psychological constructs as targets of deradicalisation might seem an obvious way forward, given the parallels with psychological therapies that target cognitive biases. However, there are wider social drivers and more internal and collective sacred antecedents that are not readily accessible to psychological interventions. Deradicalisation programmes around the world make use of the social and cultural milieu of the individual and their identity group within which psychological or other work can be undertaken. For example, see the reports from the Radicalisation Awareness Network (https://www.counterextremism.org/resources/details/id/310/ran-deradicalisation-working-group-proposed-policy-recommendations). Indeed, this is also the way offender management services operate. However, a population approach takes a different perspective, that of intervening early in the natural history of extreme ideologies. It focuses on prevention at a population level, exposing people to counter-narratives tailored to address the social drivers and sources of anger that may encourage people to seek empowering ideologies to give their lives meaning.

The public health approach complements rather than replaces criminal justice agencies, especially if individuals have joined extreme groups or begun to act in ways that support their aims. The public approach seeks to provide practical and evidence based information to the wider public, so that all can see themselves as part of a solution, rather that feel excluded or even part of a suspect community. Terrorists seek to provoke a harsh counter-response that reinforces accusations of

discrimination and injustice against groups, most prominently against Muslim populations and countries in the Middle East. However, thoughtful and measured responses are necessary, akin to what was seen during the Norwegian legal process after the Brevik incident.

Apparently random acts of killing, such as the vehicle attacks in Nice, Berlin, London and Stockholm naturally raise questions of causation, evoking explanations involving psychological processes and mental illness. This emotional debate in a context of little objective evidence may heighten stigma of mental illness and deter those who seek help from psychological services. Whilst the evidence base for terrorist involvement or motivations for violence are sometimes based solely on media reports, for now we know that the majority of incidents have little to do with mental illness. Further, the nature of the psychological processes associated with vulnerability to radicalisation and recruitment is yet to be fully determined. This field of research and practice is in its infancy and can learn much from the existing literature on crime and violence, and experiences of crime prevention in general. The place of psychoanalytic thought lies in not only interrogating the evidence and emotional processes of perpetrators, but also the emotional processes of political decision makers and victims, the media and the wider public.

Conclusion

An analysis of media responses to our nuanced population studies showed that the press often occupy polarized positions, suggesting that the capacity for emotional distortion is high in relation to violence and terrorism. Our studies were based on

proportional quota sampling of people of Muslim heritage in defined areas and yet the finding were interpreted by newspapers as if we had interviewed convicted terrorists. Furthermore, there was concern that we were dismissing terrorism as a form of mental illness, or that we had ignored accumulated understanding of different varieties of terrorism in Northern Ireland and other countries. Strategies to reduce the impact of radical messages should be based on an evolving process of gathering information to resist the temptation to reach for a binary position on findings and policy implications. Binary thinking is a core challenge we face when tackling terrorism, a rejection of possibilities that are not in accord with our own precepts. This tendency is seen not only in researchers, practitioners, and experts, but also amongst government leaders and politicians. The notion of preventive efforts introduced long before any chance of a commitment to violence seemed irrelevant to some at the front line of counter-terrorism for whom the imminent threat is the priority. Whilst their legitimate and pressing concern for public safety is acknowledged, greater regard should be given to addressing what seems like an endless supply of people willing to give their lives to terrorist causes. Drawing on writings of (Atran, 2003), loyalty to intimate cohorts of peers, often promoted through religious communion, seem relevant, whilst a search for meaning and purpose may draw many away from a secure life with their families towards radical extremism.

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